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CONFIRMATION NO. 6298

SERIAL NUMBER 10/758,773	FILING OR 371(c) DATE 01/16/2004 RULE	CLASS 514	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. 07680.0018
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/884,526 06/19/2001
 which claims benefit of 60/212,377 06/19/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/20/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 9	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

22852

TITLE

COMBINATION GENE THERAPY AND ENZYME REPLACEMENT THERAPY FOR TREATMENT OF LYSOSOMAL STORAGE DISEASES

FILING FEE RECEIVED 1428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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